



41 1713/1-#

Patent Application
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Wayne K. Kaim	Date:	June 3, 2004
Date Filed:	February 9, 2002	Docket No.:	KAIMAS-6
Appln. No.:	10/072,863	Art Unit:	1713
For:	PAPER CLEANING BUFF	Examiner:	THERSA T. SNIDER

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TC 1700

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 Commissioner for Patents, P.O. Box 1450,
 Alexandria, VA 22313-1450 on

June 3, 2004
Date

[Signature]
Signature

Stephen J. Roe, Reg. No. 34,463
Name of applicant, assignee or Registered Representative

AMENDMENT

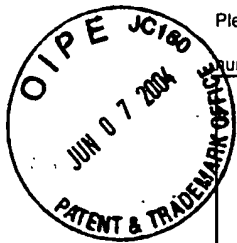
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 4, 2004, please amend the application as follows:

06/09/2004 HMEKONEN 00000069 10072863

01 FC:2201	172.00 OP
02 FC:2202	18.00 OP



Please type a plus sign (+) inside this box →
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TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application Number	10/072,863
	Filing Date	February 9, 2002
	First Named Inventor	Wayne K. Kaim
	Group Art Unit	1713
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	KAIMAS-6

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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (Please identify below):
Remarks		Please charge any additional amount due in connection with this communication, or credit any overpayment, to deposit account number 15-0660. A duplicate copy of this letter is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen J. Roe, Reg. No. 34,463
Signature	
Date	June 3, 2004

CERTIFICATE OF MAILING			
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Typed or printed name	Stephen J. Roe, Reg. No. 34,463		
Signature		Date	June 3, 2004



Application or Docket Number **KAMAS 6**
App. No.: 10/072,863

JUN 15 2004

TC 1700

CLAIMS AS FILED - PART I
(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
Total Claims	12 minus 20 =	0
Independent Claims	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		
*If the difference in column 1 is less than zero, enter "0" in column 2.		

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
		OR		\$760.00
x \$ 9	=	OR	x \$18	=
x43	=	OR	x 86	=
+130	=	OR	+260	=
TOTAL		OR	TOTAL	\$760.00

CLAIMS AS AMENDED - PART II
(Column 1) (Column 2) (Column 3)

AMENDMENT A	Claims Remaining After Amendment	Minus	Highest Number Previously Paid For	Present Extra
	Total	22		20
Independent	8		4	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
x \$9.00	=	OR	x \$18.00	= \$36.00
x \$43.00	=	OR	x \$86.00	= \$312.00
+	=	OR	+	=
Total Addit. Fee	\$190.00	OR	Total Addit. Fee	\$348.00

AMENDMENT B	Claims Remaining After Amendment	Minus	Highest Number Previously Paid For	Present Extra
	Total	0		**
Independent	0		***	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

Rate	Additional Fee	OR	Rate	Additional Fee
x \$	=	OR	x \$	=
x	=	OR	x	=
+	=	OR	+	=
Total Addit. Fee		OR	Total Addit. Fee	

AMENDMENT C	Claims Remaining After Amendment	Minus	Highest Number Previously Paid For	Present Extra
	Total	0		**
Independent	0		***	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

Rate	Additional Fee	OR	Rate	Additional Fee
x \$	=	OR	x \$	=
x	=	OR	x	=
x	=	OR	+	=
Total Addit. Fee		OR	Total Addit. Fee	

*If the entry in column 1 is less than the entry in column 2, write "0" in column 3
 **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.